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Bib Data Sheet

CONFIRMATION NO. 8653

SERIAL NUMBER 09/854,728	FILING DATE 05/14/2001 RULE	CLASS 455	GROUP ART UNIT 2681	ATTORNEY DOCKET NO. I-2-170.2US	
APPLICANTS Eldad Zeira, Huntington, NY; Guodong Zhang, Ronkonkoma, NY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/13/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged <input checked="" type="checkbox"/> Examiner's Signature Initials		STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
ADDRESS Jeffrey M. Glabicki, Esquire Volpe and Koenig, P.C., Dept ICC One Penn Center, Suite 400 1617 John F. Kennedy Boulevard Philadelphia, PA 19103					
TITLE Assigning physical channels of a new user service in a hybrid time division multiple access/code division multiple access communication system					
FILING FEE RECEIVED 710	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit		



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BIBDATASHEET

CONFIRMATION NO. 8653

Bib Data Sheet

SERIAL NUMBER 09/854,728	FILING DATE 05/14/2001 RULE	CLASS 370	GROUP ART UNIT 2664	ATTORNEY DOCKET NO. I-2-170.2US	
APPLICANTS Eldad Zeira, Huntington, NY; Guodong Zhang, Ronkonkoma, NY;					
** CONTINUING DATA *****					
** FOREIGN APPLICATIONS *****					
IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 07/13/2001					
Foreign Priority claimed <input type="checkbox"/> yes <input checked="" type="checkbox"/> no 35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance Verified and Acknowledged _____ Examiner's Signature _____ Initials _____		STATE OR COUNTRY NY	SHEETS DRAWING 6	TOTAL CLAIMS 15	INDEPENDENT CLAIMS 3
ADDRESS 24374 VOLPE AND KOENIG, P.C. DEPT. ICC UNITED PLAZA, SUITE 1600 30 SOUTH 17TH STREET PHILADELPHIA , PA 19103					
TITLE Assigning physical channels of a new user service in a hybrid time division multiple access/code division multiple access communication system					
FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT		<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time)		